

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/791,645
APPLICANT(S)

FILING DATE

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3		2		1			
4		2		2			
5		2		2			
6		2		2			
7		2		2			
8		1		1			
9							
10							
11							
12							
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14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	1		1	1			
27							
28		2		1			
29		2		2			
30		2		2			
31							
32							
33							
34	1		1	1			
35							
36		2		1			
37		2		2			
38		2		2			
39							
40							
41							
42		2		1			
43	1		1	1			
44		1		1			
45		2		2			
46		2		2			
47		2		2			
48		2		2			
49		2		2			
50							
TOTAL IND.	1		4	1			
TOTAL DEP.			11	9			
TOTAL CLAIMS			53	10			

51							
52	1						
53							
54		2		1			
55		2		2			
56		2		2			
57							
58							
59							
60	1			1			
61							
62		2		2			
63		2		2			
64		2		2			
65							
66							
67							
68	1			1			
69							
70		2		2			
71		2		2			
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96							
97							
98							
99							
100							
TOTAL IND.	7		17				
TOTAL DEP.			34				
TOTAL CLAIMS	10		50				